

An Essay

on

Bright's Kidney

Respectfully submitted

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It is a remarkable fact that our Homoeopathic literature possesses no account of that peculiar form of renal disease commonly known as Bright's Kidney. It is indeed true that the discovery and description of this malady are of but recent date, and that but few if any instances of its occurrence in this country are recorded; yet we may well ask, why have our English and German brethren left us to grope among Allopathic works for its description, and why have they not given us the results of their experience in the treatment of this important and dangerous disorder?

In the year 1837 Dr. Bright of London gave to the world, an account of a disease of the kidneys, marked by an extensive deposit of albumen in the urine, which malady, for the want of a more characteristic

title has received that of Bright's Kidney. Some have sought to call it Granular Kidney, but the condition of the organ does not warrant the use of such a name. At first the presence of albumen in the urine was not attributed to any abnormal condition of the kidneys; but since Dr. Bright's publication, this phenomenon has occasioned the suspicion that the organs which secrete the urine are affected.

The Symptoms of this disease are vague and unsettled. The urine at first is not diminished so extensively as in other dropsies; but may, on the contrary, be increased in quantity as in Diabetes. Afterwards however, it decreases from the normal standard, 35 oz. daily, to 12 oz. and may even be suppressed. The entire suppression of the urine is attended with cerebral symptoms as Coma &c. The urine at first is of a dark red color, depositing a thick brownish

Sediment, and possessing some blood. It may vary at different hours of the day, being white and frothy in the morning, and bloody in the evening. The general color of the discharge however is yellow, rarely pale and limpid. Albuminous urine froths very easily; hence the foam may always cause a suspicion of the existence of albumen in that fluid.

Although the urine is thicker than in the normal state, its specific gravity is considerably diminished. This is a good diagnostic mark to distinguish this disease from Diabetes, in which the specific gravity is heavier. The specific gravity of healthy urine ranges from 1015 to 1025, assuming water as the standard at 1000; but that of Albuminous urine is sometimes reduced as low as 1004. This of course must be viewed in connection with the actual quantity of urine secreted. It may happen that while the specific gravity is lessened the amount discharged is also decreased, which

Conjunction of phenomena is an exceedingly important circumstance. This unnatural decrease of the density of urine, notwithstanding the presence of albumen, would suggest the fact that some of the solid substances of the secretion were removed; and such has been found to be the case, — the solid ingredients diminishing from sixty eight to twelve parts in a thousand. The urea, one of these ingredients, ceases to form a part of the urine, and is retained in the blood.

The albuminous character of the urine may be tested by heating the fluid to the boiling point in a small glass tube over a spirit lamp; when, if albumen be present, there occurs a turbid opaque appearance. Should the ~~heat~~ urine already be turbid from the presence of lithates, the heat will at first render it clear by dissolving those substances, but afterwards make visible the albuminous opacity. This test, however is not always conclusive

or sufficient. The suspected urine should be tested with nitric acid also, which has the property of precipitating the albumen in a flaky or pulpy form. Both of these tests should be applied before the urine has been decomposed by exposure to the atmosphere. The amount of albumen in the urine is not always the same. It may vary from $\frac{1}{8}$, $\frac{1}{10}$, $\frac{1}{20}$ and even $\frac{1}{40}$ of the whole discharge.

Albuminous urine is not a constant evidence of an organic disease of the kidneys, for albumen is present in the urinary discharges of pregnant females. Hence other symptoms must concur to render the diagnosis certain.

The hydroptic symptoms are peculiar. In persons affected with Bright's Kidney, oedema appears first in the face, hands, back part of the foot, and more in the morning. Ascites and other dropsical effusions may and often do follow. Dr. Christison remarks that—"if the dropsical

fluid be allowed greatly to accumulate, drowsiness, the first symptom of affection of the head, very soon makes its appearance; and it will speedily pass to fatal coma, if not controlled: but the removal of the dropsy will usually remove the drowsiness.

The blood exhibits considerable change. The serum becomes more or less milky, and its specific gravity falls from 1030 to 1018. The albumen will be found wanting in the blood, while the proportion of water increases; and the presence of Urea may be detected. May we not in this last fact discover the secret of the fatality that attends this disease? The body is poisoned in detail by its own retention of its own excrement; and the blood, no longer purified by that great drain, the kidneys, becomes unfit for the purposes of nutrition.

Bright's Kidney is accompanied by pains in the loins, the urethra and both kidneys.

Pressure of the part gives uneasiness. The skin loses its action, becomes, dry, cool, parched, livid and pale; and sometimes emits an unpleasant perspiration. Towards the close vomiting and diarrhea make their appearance. The fever is very constant and sympathetic symptoms are noticed in the heart, lungs and their serous coverings.

The morbid appearances presented by the kidneys on dissection, while they denote some change in their intimate structure, are neither very definite nor very constant. Both kidneys are always affected and present differences in size figure consistence and color. In respect to the size there is so much variety in different individuals as to favor the opinion that it is connected with different stages of the disorganizing process. The average weight of the adult kidney is 4 oz.; while some affected by this disease have been known to weigh 12 oz; and then again to weigh less

than the normal standard. Both the increase and diminution are confined to the Cortical or secreting portion of the gland. "And it furthermore appears" says Watson "that the enlargement is most commonly coincident with the earlier, and the contraction or shrinking with the later stages of the renal disease."

With respect to the consistence of the diseased gland, it is, in the earlier periods, mostly soft and flabby; but remarkably compact & hard in the later stages of the disorder. The changes of form are by no means constant, even in the most advanced periods. The gland however presents sometimes a lobular shape, and often becomes indented with linear depressions. After the proper investing tunic ~~is~~ removed, according to the last named author, the surface of the kidney appears mottled, marbled or stained; of a yellowish grey color in one place, and of a dark purple tint in another. "Sometimes the surface is curiously speckled, often uneven as

if strewed with prominent grains, in some instances quite rough and scabrous." The interior part, on a section being made, is sometimes speckled or granular, but more commonly pale with a surface nearly homogeneous. It is thought that in the first stage of the malady, the disorganizing process begins by the whole gland being gorged with blood, which drips freely out when the kidney is cut open.

If the disease follows Scarlatina, or occurs in adults after a severe cold, its course is very short. It may however last months and even four or five years. The Chronic is the most common form. It may end in health, although not infrequently, where death does not ensue, it may extend through years under symptoms of a mild though decided character. It may be accompanied by disease of the heart, of which it is evidently a cause. It may terminate in Phthisis, or disorders of the Brain; in which case death most generally is the result. Of Bright's

Own cases Seventeen out of twenty four recovered.

Bright's Kidney occurs oftener among males than females; less frequently among children than adults between the ages of thirty and forty; and is more common in England than America. The causes are Intemperance; suppressed activity of the Skin, as in Washerwomen and Sailors; torpor of the skin from exhaustion; and tuberculous diathesis. That the granulated kidney is not the cause of the disease is evident from the fact that, in such case, both kidneys would not necessarily be affected.

Although Bright's kidney was at first attended with considerable fatality, yet the Prognosis is not generally unfavorable. It may be considered worse in proportion to the length of the disease, the quantity of Urine, and the diminished Specific Gravity. A diminution of the amount of Albumen, and the return of the

Urea to the urine are favorable symptoms. It is also considered a good indication when the albumen deposits a white greyish sediment. The dropsy depending upon Bright's Kidney is easily controlled, and yet it may recur; but when disease of the heart accompanies that of the kidney, the disposition to hydroptic accumulation must evidently be increased; and the prognosis become in proportion more unfavorable.

(Of the treatment of this disease it is impossible to speak with certainty. Tartar Emetic is much used in Allopathic practice with Horse radish and such other articles as stimulate the torpid action of the skin. From a careful comparison of the symptoms with the pathogenesis of Belladonna, Cannabis, Cantharides, Kali Carbonicum, Lycopodium, Nux Vomica, Phosphoric Acid, Pulsatilla, and Zincum, their use is unhesitatingly recommended. The symptomatic detail of each forms the ⁱⁿdication for their use.

Belladonna. - In cases following Scarlatina, and where there is turbid dark or else flaming red urine, - or pale and yellow urine toward the close of the day; pain in the abdomen as if raw and sore. It may be called for also when there is pressure in the Cardiac region and anguish and trembling in the heart, and when decided cerebral symptoms have appeared.

Cannabis. - Urine reddish as if mixed with bloody fibers; pain in the kidneys; urethra inflamed and painful to the touch.

Cantharides. Dull stitching or tearing pains in the renal region; pale yellow or dark red urine; discharge of drops of blood; abdomen sensitive to contact.

Kali Carb. Anasarca or ascites; pressure and stinging in region of the kidneys; pains in the loins.

Lycopodium. - In chronic cases - and where there is frequent foamy urine, becoming white on standing, with a strong smell; aching loins;

leucophlegmatic countenance; anasarca with depressed action of the skin and bowels; blood pale and watery.

Nux Vomica may be used when the disease arises from intemperance, particularly in male subjects; and where there is nightly urging to urinate, ending in a burning discharge of blood; also when attended by drowsiness in the daytime.

Phos. Acid. is indicated when the lungs are implicated; and when there is stitching in the renal region; insensible skin; night sweats. It is peculiarly suitable to individuals who had originally strong constitutions, but have become weakened by losses of animal fluids, and venereal excesses.

Pulsatilla. In young subjects and females, when there is an increased watery, colorless or scanty red brown urine; and drowsiness.

Ginseng, as nearly as our limited means of ascertaining the Homoeopathic treatment abroad, will allow us to speak, has cured

many cases of Bright's Kidney. It must be
an excellent remedy where the disease is the
result of Scarlatina, and where there is
pressure, stitching and painful soreness in the
region of the kidneys; frequent emission of a
light yellow urine, which deposits a
white flocculent sediment; bloody urine.